

Important Information for Third Party Pre-Tax Parking Reimbursement Program (Program) Participants

Forfeiture of funds

The Program is regulated by Section 132 of the Internal Revenue Code (IRC) - Qualified Transportation Fringe Benefits. **The IRC does not allow for automatic refunds of excess money in your Pre-Tax Parking Reimbursement Account.**

Active State employees have one (1) year from the date of last activity (deduction or submission of a claim) to submit a claim with valid parking receipts for reimbursement.

Employees who have separated from State service also have one (1) year from their date of separation to submit a claim for reimbursement of work-related parking expenses incurred prior to separation.

If you don't submit pre-tax parking reimbursement account claims within these specified time periods, you will forfeit the remaining balance in your account. Funds subject to forfeiture revert back to the State of California.

If you have any questions regarding the forfeiture of funds, please contact the Program Coordinator at (916) 324-0526 or CALNET 8-454-0526.

PRE-TAX PARKING/THIRD-PARTY ADMINISTRATOR/REIMBURSABLE ACCOUNT ENROLLMENT

DPA 682 (05-05)

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Instructions: Read this form fully and carefully before proceeding to enroll. Please type or print clearly. Questions regarding completion of this form should be directed to your personnel/payroll office. See privacy notice below. To establish a new Pre-Tax Parking Reimbursement Account, complete this form, mark 1.A., and enter the amount in item #5 you want deducted each month from your paycheck and deposited in your reimbursement account. To change an existing enrollment, mark 1.B., and make the appropriate changes. To cancel your enrollment, mark 1.C. **Process this completed form with your department's payroll/personnel office.**

1. ENROLLMENT ACTION (check appropriate box) A. <input type="checkbox"/> New Enrollment C. <input type="checkbox"/> Cancel Enrollment B. <input type="checkbox"/> Change to Enrollment		2. SOCIAL SECURITY NUMBER 3. NAME (First, Initial, Last)	
BENEFIT ITEM	4. For SCO Use Only DED/ORG CODE	5. MONTHLY AMOUNT TO BE DEPOSITED TO ACCOUNT	
Third-Party Parking Reimbursement Account	361-001	\$ [Not to Exceed Current Maximum Limits, Internal Revenue Code (IRSC) Section 132]	

6. Note: This form is not for use by employees using General Services parking, any department-sponsored parking, or other parking beginning with deduction codes 050 or 360.

Read carefully and sign below: I hereby agree to voluntarily participate in a third-party administrator deduction program for reimbursable parking under Internal Revenue Code (IRSC) Section 132 and to comply with Internal Revenue Service law and regulation. By taking this action, my monthly pay will be reduced by the amount specified above, so the State of California may set aside reimbursable amounts, as I have specified. I understand that requests for reimbursement must be for eligible expenses incurred after the effective date of my participation in the pre-tax parking program; that my deduction will continue until I take action to change or terminate this deduction; that I may be reimbursed only for qualified parking expenses, as defined under IRSC Section 132; that any unclaimed amount remaining in my pre-tax parking account can only be paid to me for qualified parking expenses under IRSC Section 132, while I am employed by the State of California; and that any unclaimed amount in my pre-tax parking account is subject to forfeiture. I have reviewed the information describing the State of California's third-party administrator parking reimbursement program, authorized under IRSC Section 132, and agree to the terms and conditions of the program.

EMPLOYEE SIGNATURE		DATE SIGNED		PHONE NUMBER (WORK)	
AGENCY USE ONLY					
7. EFFECTIVE DATE OF ACTION MO DAY YEAR		8. EMPLOYEE CBID		9. AGENCY CODE	
				10. UNIT CODE	
11. REMARKS		12. AGENCY NAME			
		13. AUTHORIZED AGENCY SIGNATURE I hereby certify under penalty of perjury as follows: that I am the duly appointed, qualified, and acting officer of the herein-named agency; that I am authorized to make this certification; and that the employee named herein is eligible for enrollment in the State Parking Reimbursement Account.			
		14. TELEPHONE NUMBER (Indicate CALNET or Give Area Code)		15. DATE RECEIVED IN EMPLOYING OFFICE (mo day year)	

PRIVACY NOTICE: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The State Controller's Office and the plan administrator use information on this form for the purposes of identification and document processing. It is mandatory to furnish all information requested on this form. Failure to provide mandatory information may result in the claim not being processed, nonpayment of the claim, or the claim being processed incorrectly. The State Controller's Office requires an employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153; Sections 6011 and 6051 of the Internal Revenue Code (IRSC); and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.